	r Patents	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571) 273-2885	ee(s), to: <u>Mail</u> or <u>Fax</u>	th appli	m, together wi	d 147 is 2005		completon oc
1 5 should be complete irrent correspondence ac 1 separate "FEE ADDRI	red). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	CATION FEE (if requi of maintenance fees w orrespondence address;	JE FEE and PUE ders and notificat) specifying a ne	Patent, ad e in Block	ence including the r directed otherwise	cortes delo nons.	further c	propriate All dicated unlease aintenance le
ignment or formal drawi	mailing can only be used is certificate cannot be used il paper, such as an assignme of mailing or transmission.	papers. Each additiona			SS (Note: Use Block 1 for 07/27/2005	7590		CURRENT COR
being deposited with the for first class mail in an dress above, or being	tificate of Mailing or Tran is Fee(s) Transmittal is bein with sufficient postage for fil Stop ISSUE FEE addres TO (571) 273-2885, on the	I hereby certify that th States Postal Service waddressed to the Mail		OMPA	OPERTIES C		33427	3M INN PO BOX ST. PAU
(Deposi	Hansen	Judy L.)A	33723 0950710)0001s	MA2 0000	2005 HGUTE
ser	y X. Hanse	Hed			0100,10		1400.00	1501 1501
3005	tober 25, 20	00					12.00	8001
NO. CONFIRMATION	ATTORNEY DOCKET NO.	TOR '	FIRST NAMED IN		ILING DATE ·		ON NO.	APPLICATION
7637	54682 USA 6A	n	Mary M. Swe		02/17/2000		108	09/507,
DATE DUE	\$1400	\$0	EE C	1	NO NO	l		nonprovis
10/2 //2003	\$1400	\$0	0		NO NO		sional	nonprovi
		LASS-SUBCLASS	ART UNIT CI		EXAMINER			
	· · · · · · · · · · · · · · · · · · ·	604-046000		• •		IS, KII	LEWI	<i>*</i>
ancy M. Lamb	nt attorneys 1 Nan	the patent front page, li- up to 3 registered pater matively, single firm (having as a	(1) the names or agents OR, (2) the name of	Correspor	dress (or Change of thed. "Fee Address" Indic recent) attached. Us	ondenc B/122) a ication D2 or m	of correspon of PTO/SB/ lress" indic Rev 03-02	FR 1.363). Change of Address form "Fee Add PTO/SB/47;
	no name is 3	y or agent) and the nam t attorneys or agents. If ill be printed.	2 registered pa listed, no nam	se of a Cus			equired.	Number is i
the document has been		ill be printed. or type)	listed, no nam THE PATENT (pr	BE PRINT	ENCE DATA TO E gnee is identified b 3.11. Completion	ND RE	NAME AN	ASSIGNEE 1
the document has been	nee is identified below, the	ill be printed. or type)	listed, no nam THE PATENT (pi data will appear T a substitute for	BE PRINT		ND RE less an h in 37	NAME AN OTE: Unle	ASSIGNEE 1
the document has been	uee is identified below, the	or type) the patent. If an assign g an assignment.	listed, no nam THE PATENT (pr data will appear T a substitute for B) RESIDENCE: (BE PRINT pelow, no a of this for		ND RE less an h in 37 GNEE	NAME AN OTE: Unle is set forth OF ASSIG	ASSIGNEE NO recordation a
	uee is identified below, the	or type) the patent. If an assign g an assignment. TY and STATE OR COU , Minnesota,	listed, no nam THE PATENT (pr data will appear T a substitute for B) RESIDENCE: (St. Pat	BE PRINT pelow, no a of this for	gnee is identified b 3.11. Completion operties C	ND RE less an h in 37 GNEE	NAME AN OTE: Unle us set forth OF ASSIG	ASSIGNEE NO recordation a (A) NAME (3M Inn
	UNTRY) U.S.A. orporation or other private g	or type) the patent. If an assign g an assignment. TY and STATE OR COU Minnesota, Individual XX Co	listed, no nam THE PATENT (pi data will appear T a substitute for B) RESIDENCE: (St. Pau rinted on the paten b. Payment of Fee	BE PRINT pelow, no a of this for	gnee is identified be 3.11. Completion operties Completion of the category or category or category.	ND RE less an h in 37 GNEE ive	NAME AN OTE: Unless set forth OF ASSIGNOVALI e appropria	ASSIGNEE NO PLEASE NO recordation a (A) NAME (3M Inn ease check the
	UNTRY) U.S.A. proporation or other private g	or type) the patent. If an assign g an assignment. TY and STATE OR COU , Minnesota, Individual XX Commount of the fee(s) is en	listed, no nam THE PATENT (pi data will appear T a substitute for 3) RESIDENCE: (St. Pau rinted on the paten D. Payment of Fee	BE PRINT below, no a of this for compan ories (will	gnee is identified be 3.11. Completion operties Completion ce category or category.	ND RE less an h in 37 GNEE ive iate ass	NAME AN DTE: Unle is set forth DF ASSIG ic appropria appropria	ASSIGNEE NO PLEASE NO recordation a (A) NAME (3M Inn ease check the The followin Issue Fee
ate group entity 🚨 Gov	UNTRY) U.S.A. proporation or other private goodsed. B is attached.	or type) the patent. If an assign g an assignment. TY and STATE OR COU Minnesota, Individual XX Co mount of the fee(s) is en lit card. Form PTO-2038	listed, no nam THE PATENT (pi data will appear T a substitute for 3) RESIDENCE: (St. Pat rinted on the paten D. Payment of Fee A check in th Payment by o	BE PRINT below, no a of this for compan ories (will	gnee is identified by 3.11. Completion operties Completion ce category or category.	ND RE less an h in 37 GNEE ive iate ass are enc	NAME AN OTE: Unle Is set forth OF ASSIG OVAţi e appropria ng fee(s) au	ASSIGNEE NO recordation a (A) NAME (3M Inn ease check the . The followin XX Issue Fee Publication
ate group entity 🚨 Gov	UNTRY) U.S.A. proporation or other private g	or type) the patent. If an assign g an assignment. TY and STATE OR COU Minnesota, Individual XX Co mount of the fee(s) is en lit card. Form PTO-2038	listed, no nam THE PATENT (pi data will appear T a substitute for 3) RESIDENCE: (St. Pat rinted on the paten D. Payment of Fee A check in th Payment by o	BE PRINT below, no a of this for compani ories (will	gnee is identified by 3.11. Completion operties Completion ce category or category d: tity discount permitt 4	ND RE less an h in 37 GNEE ive iate ass are enc lo smal # of Co	NAME AN OTE: Unle is set forth OF ASSIG OVAţi e appropria in fee(s) au on Fee (No Order - #	ASSIGNEE NO recordation a (A) NAME (3M Inn ease check the The followin Issue Fee Publication Advance
s), or credit any overparextra copy of this form).	UNTRY) U.S.A. orporation or other private goodsed. B is attached. harge the required fee(s), of good (enclose an extra)	or type) the patent. If an assign g an assignment. TY and STATE OR COU. Minnesota, Individual XX Commount of the fee(s) is en lit card. Form PTO-2038 hereby authorized by commount of longer claiming SMAL	listed, no nam THE PATENT (pr data will appear T a substitute for B) RESIDENCE: (St. Pat rinted on the paten D. Payment of Fee A check in th Payment by C The Director Deposit Account	BE PRINT below, no a of this for companionies (will ted) re)	gnee is identified by 3.11. Completion Operties Completion ce category or category d: tity discount permitt 4 tatus indicated above ENTITY status. See	ND RE less an h in 37 GNEE ive iate ass are enc lo smal # of Co tus (from s SMA)	NAME AN OTE: Unle is set forth OF ASSIG OVAţi e appropria in fee(s) au on Fee (No Order - #	ASSIGNEE NO recordation a (A) NAME (A) NAME (A) NAME (A) NAME (B)
s), or credit any overparextra copy of this form).	UNTRY) U.S.A. orporation or other private goodsed. B is attached. harge the required fee(s), of the control	or type) the patent. If an assign g an assignment. TY and STATE OR COU. Minnesota, Individual XX Commount of the fee(s) is en lit card. Form PTO-2038 hereby authorized by commount of longer claiming SMAL	listed, no nam THE PATENT (pr data will appear T a substitute for B) RESIDENCE: (St. Pau rinted on the pater b. Payment of Fee A check in the payment by of Extra Director Deposit Account b. Applicant ution Fee (if any) of d from anyone off	BE PRINT below, no a of this for companionies (will ted) re) 37 CFR 1	gnee is identified by 3.11. Completion Operties Completion ce category or category d: tity discount permitt 4 tatus indicated above ENTITY status. See	ND RE less an h in 37 GNEE ive iate ass are enc lo smal # of Co tus (from ss SMA) TO is red to Public	NAME AN OTE: Unle is set forth OF ASSIG OVAţi e appropria ng fee(s) au on Fee (No Order - # ntity Statt ant claims	ASSIGNEE NO recordation a (A) NAME (3M Inn ease check the The followin Advance Change in E a. Application DIFF. The Issue
s), or credit any overpayoxtra copy of this form). 2 37 CFR 1.27(g)(2). Explication identified about; or the assignee or othe	UNTRY) U.S.A. orporation or other private goodsed. B is attached. harge the required fee(s), of good (enclose an extra)	or type) the patent. If an assign g an assignment. TY and STATE OR COU. Minnesota, Individual XX Commount of the fee(s) is en lit card. Form PTO-2038 hereby authorized by commount of longer claiming SMAL	listed, no nam THE PATENT (pr data will appear T a substitute for B) RESIDENCE: (St. Pau rinted on the pater b. Payment of Fee A check in the payment by of Extra Director Deposit Account b. Applicant ution Fee (if any) of d from anyone off	BE PRINT below, no a of this for companionies (will ted) re) 37 CFR 1	gnee is identified by 3.11. Completion Operties Completion operties Completion ce category or category distituted discount permitt 4 tatus indicated above ENTITY status. See sted to apply the Isson Fee (if required) the United States Par May M.	ND RE less an h in 37 GNEE ive iate ass are enc lo smal # of Co tus (from ss SMA) TO is red to Public	NAME AN OTE: Unle is set forth OF ASSIG OVAţi e appropria ng fee(s) au on Fee (No Order - # ntity Statt ant claims the USPTi ae Fee and n by the re	ASSIGNEE NO recordation a (A) NAME (3M Inn ease check the The followin Advance Change in E a. Application DIFF. The Issue

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.